

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010319

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 83

Primary Registration District No. 53/5

Registrar's No. 2

FILED APR 12 1962

## 1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Saline Township

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONAt home of daughter  
2 miles west of Wooldridge

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cooper

Inside Limits

Yes ☒ No ☐

c. CITY

Wooldridge

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Lizzie

Korte

4. DATE  
OF DEATH

Month

Day

Year

April 7, 1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

11/16/1885

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Moniteau Co., Mo.

U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

James F. Carpenter

## 13b. MOTHER'S MAIDEN NAME

Eliza Vaughan

## 14. NAME OF HUSBAND OR WIFE

H. E. Korte

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

H. E. Korte Wooldridge, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Status Arteriosclerosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4/10/62

## 23c. NAME OF CEMETERY OR CREMATORY

Clayton Cemetery

## 23d. LOCATION (City, town, or county)

Guerdon, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Goodman &amp; Boller Boonville, Mo.

## 25. DATE RECD. BY LOCAL REG.

4/10/62

## 26. REGISTRAR'S SIGNATURE

Virginia T. Higgins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address: Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.